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NOV 05 2009

Form No. 42-1409-2 (Internet 11/08)

IDWR / NORTH
**IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS**

**IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 49576

Ident. Number 95-14588

Date Received: 11/5/09

Receipt No: N022742

Received By: [Signature]

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) NELSON E MARSH Phone 208 667-4869

Mailing Address 1435 S ACADEMY CT COEUR D'ALENE ID Zip 83814
Street or Box City State

X 2. Date of Priority: (Only one per claim) 05/02/1995
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 50N, Range 4W, Section 20,
SW 1/4 of 14W 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 0-5210-001-003-A

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

95-93-N-154-000 WELL COMPLETED 1993
CONNECTED TO ONE HOME IN 1995

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from 01-01 to 12-31 amount .04 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs ☒ or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) ONE HOME

9. Location of Place of Use is: Township 50N, Range 4W, Section 20

SW 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** ()

Additional places of use, if any N/A

10. In which county (ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (☒) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (☒)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (☒) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do () do not (☒) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 4

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Marshall Date: 11/5/09

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

MARSH

MARSH PIN 0-5210-001-003-A



State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Nelson Marsh

Address 715 E Main Greenburg, Ind 47240

Drilling Permit No. 95-93-N-154-000

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
250 inches	6 inches	+ 1 feet	40 feet
PVC 160 inches	4 inches	- 10 feet	170 feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/8 inches by 6 inches SAW
Number From To
40 perforations 110 feet 170 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 40. Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☒ Solvent Weld ☐ Cemented between strata

Describe access port _____ well cap

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name Meadow Lark Vista Estates

Lot No. 3 Block No. 1

County Kootenai

Address of Well Site _____
(give at least name of road)
T. 50 N ☒ or S ☐
SE 1/4 NW 1/4 Sec. 20, R. 4 E ☐ or W ☒

7. WATER LEVEL

Static water level 35 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

Discharge G.P.M.	Pumping Level	Hours Pumped
30	170	4

89598

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	No
8	1	4	surface soil		
	4	34	decomposed granite & sand		
6	34	60	mauve granite firm		
	60	140	brown granite	X	
	140	170	green & white broken granite	X	

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OCT 18 1993

Department of Natural Resources

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AUG 19 1993

NORTHERN REGION

IDWR

10.

Work started 8-11-93 finished 8-11-93

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Bronson Water Wells No. 360

Address Spirit Lk. Id Date Aug 12, 1993

Signed by Drilling Supervisor [Signature]
and
(Operator) _____
(If different than the Drilling Supervisor)

Kootenai Electric Co-op
Hayden
LETTER OF CREDIT

SAD:S Academy Ct 1435
SAD DESC:
CYC/RTE/SEQ: 2- 760- 470
PIN:2E98-13-5

SUB:2E98
COOR:16294
LOC:916248

SO #:147326
SVC SO:209171
WK DT:11/05/09
CREW:gleniece

-----[LETTER OF CREDIT]-----

ACCT: 1318312
NAME: Marsh, Nelson E
CONTACT: Nelson E Marsh

HM PH: (000)667-4869
WK PH: (000)667-4869
GEN DT: 11/05/09 RECD BY: Alisa

CONN DT: 05/02/95
DISC DT:

BEGIN HISTORY: 11/05/08
END HISTORY: 11/05/09

CREDIT HISTORY

DESC	# EVENTS
COLL AGENCY	0
FINAL NOTICE	0
R/O NON PAY	0
DISC NONPAY	0
DISC ORDER	0
PAY ARR NOT HON	0
LATE PMT FEE	0
RTN CHECK	0
WRITE OFF	0

ADDITIONAL CUSTOMERS

FIRST NAME : _____ FIRST NAME : _____
LAST NAME : _____ LAST NAME : _____

CUST P/U DATE : _____ MAIL-FIRST NAME: _____
FAX TO # : _____ LAST NAME: _____

COMPANY : _____ ADDRESS : _____
ATTENTION : _____ CITY : _____
STATE ZIP : _____

COMPLETED BY: _____ DATE: ____/____/____ TIME: ____:____ AM/PM
PRINTED 11/05/09 12:10 pm Alisa